

**VERIFICATION OF HOMELESSNESS
RAPID RE-HOUSING**

Participant Name:	Participant HMIS #:	ESG Project Entry Date:

Instructions: Identify the housing status applicable to the participant household below and indicate the attached documentation for that housing status. Complete the Chronic Homeless Information section for each applicant.

Unless otherwise noted, the general order of priority for obtaining evidence is third-party documentation first, intake worker observations second, and certification by the person seeking assistance third.

CATEGORY 1: LITERALLY HOMELESS						
Housing Status	Documentation Attached					
<input type="checkbox"/> Living on the street or sleeping in a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings (including a car, park, abandoned building, bus station, airport, or camp ground)	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)					
<input type="checkbox"/> Living in a shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing*, and hotels/motels paid for by a charitable organization or government program) <i>*Agencies must receive permission from DCA prior to providing RRH services to an applicant residing in transitional housing.</i>	<input type="checkbox"/> Written referral from previous shelter staff, charitable organization, or government program (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> HMIS shelter record OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)					
<input type="checkbox"/> Exiting an institution where the applicant resided for 90 days or less and resided in a place not meant for human habitation immediately before entering the institution	<p style="color: red;"><i>Documentation must include one item from each column below.</i></p> <table border="1"> <thead> <tr> <th>Homeless Status Prior to Institution</th> <th>Institutional Stay Documentation</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3rd priority) </td> <td> <input type="checkbox"/> Discharge paperwork or written referral from institution showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3rd priority) </td> </tr> </tbody> </table>		Homeless Status Prior to Institution	Institutional Stay Documentation	<input type="checkbox"/> Written referral by another housing or service provider (either on referring agency stationery or DCA Third Party Verification form) OR <input type="checkbox"/> Completed DCA Staff Certification form (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form (3 rd priority)	<input type="checkbox"/> Discharge paperwork or written referral from institution showing dates of institutional stay OR <input type="checkbox"/> Completed DCA Staff Certification form verifying institutional stay (2 nd priority) OR <input type="checkbox"/> Completed DCA Self Certification form verifying institutional stay (3 rd priority)
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CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE

Applicants fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence must also meet the criteria for CATEGORY 1: LITERALLY HOMELESS to qualify for rapid re-housing services.

Complete the section above for CATEGORY 1: LITERALLY HOMELESS. Victim status must be included on documentation for CATEGORY 1: LITERALLY HOMELESS.

INCOME VERIFICATION

In addition to meeting the housing status requirements above, applicants for Rapid Re-Housing must also have an income level that is at or below 50% of the Area Median Income (AMI) at the time of program application.

Attached documentation showing income at or below 50% of AMI includes:

- ☐ DCA Verification of Income form

AND

Choose one below

- ☐ Source documentation

OR

- ☐ DCA Self Declaration of Income (should ONLY be used in rarely)

CHRONIC HOMELESS INFORMATION

Does the individual or head of household meet all of the following criteria:

- ☐ Has been literally homeless, as defined in Category 1 above, for at least one year continuously or on at least four separate occasions in the last three years, **where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total)** in a place not meant for human habitation, a safe haven, or an emergency shelter;
- AND**
- ☐ Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

Does the applicant meet both criteria for Chronic Homelessness?

- ☐ Yes*
- ☐ No

****If yes, attach completed DCA Certification of Chronic Homelessness or DCA Self-Statement of Chronic Homelessness, with any applicable backup documentation.***

Form Completed By: _____ Date: _____